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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | ■ Chapter 7                     |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |  |   |
|-----|--|--|---|
|     |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):                     |
| 1.  | Your full name   |  |   |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Ashina First name  M. Middle name  Hamilton Last name and Suffix (Sr., Jr., II, III) | First name  Middle name  Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  |  |   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-7076  |   |

Desc Main

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|   |   | About Debtor 1:  |  | About Debtor 2 (Spouse Only in a Joint Case):  |  |  |
|---|---|--|--|--|--|--|
| 4.  | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years | ■ I have not used any business name or EINs.   | ☐ I have not used any business name or EINs. |  |  |  |
|   | Include trade names and doing business as names   | Business name(s)   | -  | Business name(s)   |  |  |
|   |   | EINs   | _  | EINs   |  |  |
| 5.  | Where you live  |  |  | If Debtor 2 lives at a different address:  |  |  |
|   |   | 657 N. Hidden Prairie Ct.<br>Palatine, IL 60067  |  |  |  |  |
|   |   | Number, Street, City, State & ZIP Code   | -  | Number, Street, City, State & ZIP Code   |  |  |
|   |   | Cook   |  |  |  |  |
|   |   | County   | -  | County   |  |  |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. |   |  |  | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |  |  |
|   |   | Number, P.O. Box, Street, City, State & ZIP Code   | -  | Number, P.O. Box, Street, City, State & ZIP Code   |  |  |
| 6.  | Why you are choosing this district to file for  | Check one:   |  | Check one:   |  |  |
|   | bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                       |  |  |
|   |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |  |  |
|   |   |  |  |  |  |  |

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Debtor 1 Ashina M. Hamilton

| ar  | Tell the Court About  | Your B      | ankruptcy Ca                                       | ise   |   |  |   |  |  |
|-----|---|-------------|--|---|---|--|---|--|--|
| 7.  | The chapter of the Bankruptcy Code you are  |             |  |   | of each, see <i>Notice Required by</i> page 1 and check the appropria   | 11 U.S.C. § 342(b) for Individuals Filing te box.  | for Bankruptcy                              |  |  |
|     | choosing to file under  | ■ Chapter 7 |  |   |   |  |   |  |  |
|     |   | □с          | hapter 11  |   |   |  |   |  |  |
|     |   | □с          | hapter 12  |   |   |  |   |  |  |
|     |   | □с          | hapter 13  |   |   |  |   |  |  |
| 3.  | How you will pay the fee  | •           | about how yo                                       | ou may pay. Typ<br>attorney is subr                       | ically, if you are paying the fee yo  | ck with the clerk's office in your local cou<br>ourself, you may pay with cash, cashier's<br>alf, your attorney may pay with a credit o  | s check, or money                           |  |  |
|     |   |             |  |   | callments. If you choose this option of the second control of the | on, sign and attach the Application for In   | dividuals to Pay                            |  |  |
|     |   |             | I request that<br>but is not req<br>applies to you | at my fee be wa<br>uired to, waive y<br>ur family size an | ived (You may request this option<br>your fee, and may do so only if you<br>d you are unable to pay the fee i   | on only if you are filing for Chapter 7. By I<br>our income is less than 150% of the offici<br>n installments). If you choose this option<br>cial Form 103B) and file it with your petit | al poverty line that<br>, you must fill out |  |  |
|     |   |             | по пррпочи   | on to have the c  | maple I I mily I do Walved (Oill  | olari omi 100 <i>B)</i> and me it with your polit  |   |  |  |
| 9.  | Have you filed for bankruptcy within the  | ■ No        |  |   |   |  |   |  |  |
|     | last 8 years?   | □ Ye        |  |   |   |  |   |  |  |
|     |   |             | District   |   | When  |  |   |  |  |
|     |   |             | District   |   | When  | Case number  |   |  |  |
|     |   |             | District   |   | When  | Case number  |   |  |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No        | )  |   |   |  |   |  |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye        | <del>9</del> \$.                                   |   |   |  |   |  |  |
|     |   |             | Debtor   |   |   | Relationship to you  |   |  |  |
|     |   |             | District   |   | When  | Case number, if known  |   |  |  |
|     |   |             | Debtor   |   |   | Relationship to you  |   |  |  |
|     |   |             | District   |   | When  | Case number, if known  |   |  |  |
| 11. | Do you rent your residence?   | ■ No        |  |   |   |  |   |  |  |
|     |   | □ Ye        | es. Has yo   | our landlord obta   | nined an eviction judgment agains   | st you and do you want to stay in your re  | sidence?                                    |  |  |
|     |   |             |  | No. Go to line  | 12.   |  |   |  |  |
|     |   |             |  | Yes. Fill out <i>Init</i> bankruptcy pet                  |   | Judgment Against You (Form 101A) and   | I file it with this                         |  |  |
|     |   |             |  |   |   |  |   |  |  |

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| Are you a sole proprietor   |  |   |   |  |  |  |  |
|---|--|---|---|--|--|--|--|
| of any full- or part-time business?   | ■ No.  | Go to Part 4.   |   |  |  |  |  |
|   | ☐ Yes.   | Name  | and location of business  |  |  |  |  |
| A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |  | Name  | of business, if any   |  |  |  |  |
| If you have more than one sole proprietorship, use a separate sheet and attach  |  | Numb  | er, Street, City, State & ZIP Code  |  |  |  |  |
| it to this petition.  |  | Chec  | k the appropriate box to describe your business:  |  |  |  |  |
|   |  |   | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |  |  |
|   |  |   | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |  |
|   |  |   | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |  |  |
|   |  |   | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |  |  |
|   |  |   | None of the above   |  |  |  |  |
| Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation   | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of his, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).  |   |  |  |  |  |
| For a definition of small   | ■ No.  | I am r  | not filing under Chapter 11.  |  |  |  |  |
| business debtor, see 11 U.S.C. § 101(51D).  | □ No.  |   | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  |  |  |  |  |
|   | ☐ Yes.   | I am f  | iling under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.   |  |  |  |  |
| 4: Report if You Own or   | Have Any   | Hazardo   | ous Property or Any Property That Needs Immediate Attention   |  |  |  |  |
| Do you own or have any  | ■ No   |   |   |  |  |  |  |
| property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable bazard to  | ■ No.  | What is   | the hazard?   |  |  |  |  |
| public health or safety? Or do you own any property that needs immediate attention?   |  |   | liate attention is why is it needed?  |  |  |  |  |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |  | Where is  | Number, Street, City, State & Zip Code  |  |  |  |  |
|   | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  4: Report if You Own or Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).    No.   Yes.    4: Report if You Own or Have Any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.  If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.  Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?  For a definition of small business debtor, see 11 U.S.C. § 101(51D).  Report if You Own or Have Any Hazardo Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  For example, do you own perishable goods, or livestock that must be fed, or a building that needs  Name  Name  Name  Name  Name  Numb  Numb  Numb  Check  Ryou are filing under deadlines. If you imporeations, cash-flight in 11 U.S.C. 1116(  Department of your or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?  What is in the business or immediate attention?  Where is the public has a business or in the public health or safety? Or do you own any property that needs immediate attention?  What is the public has a business or in the public health or safety? Or do you own any property that needs immediate attention?  What is the public has a business or in the public health or safety? Or do you own any property that needs immediate attention? |  |  |  |  |

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Debtor 1 Ashina M. Hamilton

Explain Your Efforts to Receive a Briefing About Credit Counseling

### Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

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Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 17-30500 Doc 1 Filed 10/11/17 Entered 10/11/17 14:52:00 Desc Main 10/11/17 2:39PM Document Page 6 of 49 Case number (if known) Debtor 1 Ashina M. Hamilton Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts

I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

17. Are you filing under

Chapter 7?

Yes.

I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?

■ No ☐ Yes

18. How many Creditors do you estimate that you owe?

19. How much do you

be worth?

1-49 **50-99** 

☐ No.

**1**00-199 **200-999** 

**\$0 - \$50,000** 

□ \$50,001 - \$100,000 **\$100,001 - \$500,000** 

□ \$500.001 - \$1 million

□ \$50,001 - \$100,000

□ \$500,001 - \$1 million

□ \$1,000,001 - \$10 million

□ \$1,000,001 - \$10 million

□ \$10,000,001 - \$50 million

□ \$50,000,001 - \$100 million

□ \$100,000,001 - \$500 million

**1**,000-5,000

**5001-10,000** 

**1**0,001-25,000

□ \$10,000,001 - \$50 million

□ \$100,000,001 - \$500 million

☐ More than 100,000

**1** 25,001-50,000

**5**0,001-100,000

□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion

□ \$500,000,001 - \$1 billion

☐ More than \$50 billion

□ \$500,000,001 - \$1 billion

20. How much do you estimate your liabilities to be?

estimate your assets to

**\$0 - \$50,000** 

□ \$100,001 - \$500,000

□ \$50,000,001 - \$100 million

□ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion

■ More than \$50 billion

Part 7: For you Sign Below

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11. United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Ashina M. Hamilton

Ashina M. Hamilton Signature of Debtor 1

Executed on October 11, 2017

MM / DD / YYYY

Executed on

Signature of Debtor 2

MM / DD / YYYY

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Debtor 1 Ashina M. Hamilton

Case number (if known)

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For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David M. Siegel                      | Date          | October 11, 2017 |
|--|---------------|------------------|
| Signature of Attorney for Debtor         |               | MM / DD / YYYY   |
| David M. Siegel                          |               |                  |
| Printed name                             |               |                  |
| David M. Siegel & Associates             |               |                  |
| Firm name                                |               |                  |
| 790 Chaddick Drive<br>Wheeling, IL 60090 |               |                  |
| Number, Street, City, State & ZIP Code   |               |                  |
| Contact phone <b>(847) 520-8100</b>      | Email address |                  |
| #06207611                                |               |                  |
| Bar number & State                       |               |                  |

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Document Page 8 of 49 Fill in this information to identify your case: Debtor 1 Ashina M. Hamilton Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS ☐ Check if this is an

### Official Form 106Sum

Case number (if known)

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

amended filing

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

## Part 1: Summarize Your Assets Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 0.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 6.489.00 1c. Copy line 63, Total of all property on Schedule A/B..... 6,489.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 1.245.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 0.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 17,024.00 Your total liabilities 18.269.00 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 1,795.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 1,795.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have?

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known)

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

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Document Page 10 of 49 Fill in this information to identify your case and this filing: Debtor 1 Ashina M. Hamilton Last Name Middle Name First Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Kia 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Forte SX Creditors Who Have Claims Secured by Property. Debtor 1 only Model: 2011 Debtor 2 only Current value of the Current value of the 114000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another **USAA Federal Savings Bank** \$3,800.00 \$3,800.00 ☐ Check if this is community property Secured Lien \$1,245.00 (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No □ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$3.800.00 pages you have attached for Part 2. Write that number here.......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own?

Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

Official Form 106A/B Schedule A/B: Property

Desc Main Case 17-30500 Doc 1 Filed 10/11/17 Entered 10/11/17 14:52:00 Document Page 11 of 49 Debtor 1 Case number (if known) Ashina M. Hamilton Yes. Describe..... \$350.00 Household Goods & Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$100.00 TV & Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ☐ No Yes. Describe..... \$400.00 Vinyl Records 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments ■ No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No Yes. Describe..... \$250.00 Normal Apparel 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ Yes. Describe..... 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$1,100.00

**Describe Your Financial Assets** 

Do you own or have any legal or equitable interest in any of the following?

for Part 3. Write that number here .....

Current value of the portion you own? Do not deduct secured

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Case number (if known)

Document Ashina M. Hamilton

Debtor 1

|     |  |             |                             |   | claims or exemptions.         |
|-----|--|-------------|-----------------------------|---|-------------------------------|
| 16. | Cash Examples: Money you h ■ No □ Yes                  |             | •                           | ome, in a safe deposit box, and on hand when you file your petition   | on                            |
| 17. | institutions.  |             |                             | ounts; certificates of deposit; shares in credit unions, brokerage has with the same institution, list each.                                | nouses, and other similar     |
|     | □ No ■ Yes   |             |                             | Institution name:   |                               |
|     |  |             |                             |   | ****                          |
|     |  | 17.1.       | Checking                    | Great Lakes Credit Union  | \$239.00<br>                  |
|     |  | 17.2.       | Savings                     | Great Lakes Credit Union  | \$1,350.00                    |
| 18. | Bonds, mutual funds, eExamples: Bond funds, ■ No       |             | ent accounts with bro       | okerage firms, money market accounts  |                               |
|     | ☐ Yes  |             | Institution or issuer r     | name:   |                               |
| 19. | joint venture  | ock and     | interests in incorpo        | orated and unincorporated businesses, including an interes  | t in an LLC, partnership, and |
|     | ■ No □ Yes. Give specific infe                         |             | about them<br>me of entity: | <br>% of ownership:   |                               |
| 20. | Negotiable instruments Non-negotiable instrum          | include ¡   | personal checks, cas        | otiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. ansfer to someone by signing or delivering them. |                               |
|     | ■ No □ Yes. Give specific info                         |             | about them<br>uer name:     |   |                               |
| 21. | Retirement or pension Examples: Interests in I         |             |                             | 103(b), thrift savings accounts, or other pension or profit-sharing   | plans                         |
|     | ■ No   | ,,          | , <del>.</del>              | g   | F                             |
|     | ☐ Yes. List each accoun                                | •           | tely.<br>of account:        | Institution name:   |                               |
| 22. |  | d deposi    | ts you have made so         | o that you may continue service or use from a company<br>public utilities (electric, gas, water), telecommunications compar                 | nies, or others               |
|     | ☐ Yes  |             |                             | Institution name or individual:   |                               |
| 23. | Annuities (A contract for                              | r a perio   | dic payment of mone         | ey to you, either for life or for a number of years)  |                               |
|     | ■ No<br>□ Yes Iss                                      | suer nam    | ne and description.         |   |                               |
| 24. | 26 U.S.C. §§ 530(b)(1), §                              |             |                             | ualified ABLE program, or under a qualified state tuition pro   | ogram.                        |
|     | ■ No<br>□ Yes In:                                      | stitution i | name and description        | n. Separately file the records of any interests.11 U.S.C. § 521(c):   |                               |
| 25. | Trusts, equitable or fut ■ No                          | ure inte    | rests in property (o        | other than anything listed in line 1), and rights or powers exe   | ercisable for your benefit    |
|     | <ul><li>No</li><li>☐ Yes. Give specific info</li></ul> | ormation    | about them                  |   |                               |

Desc Main Case 17-30500 Doc 1 Filed 10/11/17 Entered 10/11/17 14:52:00 Page 13 of 49
Case number (if known) Document Debtor 1 Ashina M. Hamilton 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information... 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No

☐ Yes. Describe each claim.......

### 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

### 35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

### 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here......

\$1,589.00

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

page 4

| Debtor 1        | Case 17-30500  Ashina M. Hamilton  | Doc 1              | Filed 10/11/17<br>Document | Entered 10/11/17 14:52:00 Page 14 of 49 Case number (if known) | Desc Main | 10/11/17 2:39 |
|-----------------|--|--------------------|----------------------------|--|-----------|---------------|
|                 | 7.0  |                    |                            | <del></del>  |           |               |
| _               | ou own or have any legal or equ  | itable interest ir | n any business-related p   | roperty?   |           |               |
| _               | Go to Part 6.  |                    |                            |  |           |               |
| ☐ Yes           | . Go to line 38.   |                    |                            |  |           |               |
|                 |  |                    |                            |  |           |               |
|                 | Describe Any Farm- and Commo   |                    |                            | n or Have an Interest In.                                      |           |               |
| 46. <b>Do v</b> | you own or have any legal or   | r equitable int    | erest in any farm- or o    | commercial fishing-related property?                           |           |               |
| ^               | No. Go to Part 7.  |                    | , , , ,                    | 3  |           |               |
| ΠY              | es. Go to line 47.   |                    |                            |  |           |               |
|                 |  |                    |                            |  |           |               |
| Part 7:         | Describe All Property You  | Own or Have ar     | Interest in That You Did   | d Not List Above   |           |               |
| Exa<br>■ No     | rou have other property of a<br>imples: Season tickets, countrolous. Give specific information | ry club member     |                            |  |           |               |
| 54. <b>Ad</b>   | d the dollar value of all of yo  | our entries fro    | om Part 7. Write that n    | umber here   |           | \$0.00        |
| Part 8:         | List the Totals of Each Part   | of this Form       |                            |  |           |               |
| 55. <b>Pa</b> i | rt 1: Total real estate, line 2  |                    |                            |  |           | \$0.00        |
| 56. <b>Pa</b> i | rt 2: Total vehicles, line 5   |                    |                            | \$3,800.00   |           |               |
| 57. <b>Pa</b> i | rt 3: Total personal and hou   | sehold items,      | line 15                    | \$1,100.00   |           |               |
| 58. <b>Pa</b>   | rt 4: Total financial assets, l  | ine 36             |                            | \$1,589.00   |           |               |
| 59. <b>Pa</b> i | rt 5: Total business-related   | property, line     | 45                         | \$0.00   |           |               |
| 60. <b>Pa</b> i | rt 6: Total farm- and fishing-   | -related prope     | rty, line 52               | \$0.00   |           |               |

\$0.00

Copy personal property total

\$6,489.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Total personal property. Add lines 56 through 61...

61. Part 7: Total other property not listed, line 54

\$6,489.00

\$6,489.00

|                     |                          |                   | :III        |  |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor  | rmation to identify your | case:             |             |  |
| Debtor 1            | Ashina M. Hamilt         | on                |             |  |
|                     | First Name               | Middle Name       | Last Name   |  |
| Debtor 2            |                          |                   |             |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name   |  |
| United States B     | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS |  |
| Case number         |                          |                   |             |  |
| (if known)          |                          |                   |             |  |
|                     |                          |                   |             |  |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Proper | y You Claim as Exempt |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on<br>Schedule A/B that lists this property | Current value of the portion you own | Amou | unt of the exemption you claim                                  | Specific laws that allow exemption |
|--|--------------------------------------|------|---|------------------------------------|
|  | Copy the value from<br>Schedule A/B  | Chec | k only one box for each exemption.                              |                                    |
| 2011 Kia Forte SX 114000 miles<br>USAA Federal Savings Bank                            | \$3,800.00                           | •    | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Secured Lien \$1,245.00 Line from Schedule A/B: 3.1                                    |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2011 Kia Forte SX 114000 miles<br>USAA Federal Savings Bank                            | \$3,800.00                           |      | \$155.00  | 735 ILCS 5/12-1001(b)              |
| Secured Lien \$1,245.00 Line from Schedule A/B: 3.1                                    |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household Goods & Furniture Line from Schedule A/B: 6.1                                | \$350.00                             |      | \$350.00  | 735 ILCS 5/12-1001(b)              |
| Ellie IIolii ochedale A.D. G.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| TV & Electronics Line from Schedule A/B: 7.1   | \$100.00                             | •    | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Line nom ochedate A.D. TT  |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |
| Vinyl Records Line from Schedule A/B: 8.1  | \$400.00                             | •    | \$400.00  | 735 ILCS 5/12-1001(b)              |
| Ellic Holli Golledale AVD. 0.1   |                                      |      | 100% of fair market value, up to any applicable statutory limit |                                    |

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Ashina M. Hamilton Case number (if known) Debtor 1 Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Normal Apparel** 735 ILCS 5/12-1001(a) \$250.00 \$250.00 Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit **Checking: Great Lakes Credit Union** 735 ILCS 5/12-1001(b) \$239.00 \$239.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit Savings: Great Lakes Credit Union 735 ILCS 5/12-1001(b) \$1,350.00 \$1,350.00 Line from Schedule A/B: 17.2 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No

Yes

10/11/17 2:39PM

|  |   |   | Page 17  |   |  |                                   |
|--|---|---|--|---|--|-----------------------------------|
| Fill in this information   | n to identify yo  | ur case:  |  |   |  |                                   |
| Debtor 1 A   | shina M. Ham  | ilton   |  |   |  |                                   |
| •  | rst Name  | Middle Name   | Last Name  |   | -  |                                   |
| Debtor 2   |   |   |  |   |  |                                   |
| (Spouse if, filing) Fi   | rst Name  | Middle Name   | Last Name  |   |  |                                   |
| United States Bankrup  | otcy Court for the  | : NORTHERN DISTRICT OF ILLI   | NOIS   |   | -  |                                   |
| Case number  |   |   |  |   |  |                                   |
| (if known)   |   |   |  |   | ☐ Check  | if this is an                     |
|  |   |   |  |   | amend  | ded filing                        |
| Official Form 10   | neD   |   |  |   |  |                                   |
|  |   | - M/Is a 1 I says Ol signs C  | •  | l lass Daras and  |  |                                   |
| schedule D:  | Creditors   | Who Have Claims S   | ecured   | by Propert  | <u>y</u>   | 12/15                             |
| s needed, copy the Add<br>number (if known).   | itional Page, fill it   | If two married people are filing togethe<br>out, number the entries, and attach it to   |  |   |  |                                   |
| . Do any creditors have  |   |   |  |   |  |                                   |
|  |   |   |  |   |  |                                   |
| _  |   | his form to the court with your other s   | scriedules. Yo   | ou have nothing else t  | o report on this form.                                 |                                   |
| Yes. Fill in all o   |   | •   | criedules. Yo  | ou have nothing else t  | o report on this form.                                 |                                   |
| Yes. Fill in all o   |   | •   | criedules. Yo  |   | ·<br>  |                                   |
| Yes. Fill in all of Part 1: List All Secured claim of each claim. If more the  | of the information cured Claims us. If a creditor has nan one creditor has  | •   | itor separately<br>in Part 2. As   | Column A  Amount of claim Do not deduct the value of collateral.              | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| Yes. Fill in all of Part 1: List All Secured claim of or each claim. If more the much as possible, list the 2.1 Usaa Federal   | of the information<br>cured Claims<br>us. If a creditor has<br>an one creditor ha<br>claims in alphabet   | below.  more than one secured claim, list the cred s a particular claim, list the other creditors   | itor separately<br>in Part 2. As   | Column A  Amount of claim  Do not deduct the                                  | Column B  Value of collateral that supports this       | Unsecured portion                 |
| Yes. Fill in all copy of the part 1: List All Secured claim for each claim. If more the much as possible, list the   | of the information cured Claims  is. If a creditor has an one creditor ha claims in alphabet  Savings B   | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name.  Describe the property that secures the 2011 Kia Forte SX 114000 mill USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.   | itor separately<br>in Part 2. As<br>ne claim:  | Column A  Amount of claim Do not deduct the value of collateral.              | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504   | of the information cured Claims  as. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265                                | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name.  Describe the property that secures the 2011 Kia Forte SX 114000 mil USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent  | itor separately<br>in Part 2. As<br>ne claim:  | Column A  Amount of claim Do not deduct the value of collateral.              | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City,  | of the information cured Claims  as. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code              | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mil USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed   | itor separately<br>in Part 2. As<br>ne claim:  | Column A  Amount of claim Do not deduct the value of collateral.              | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the Call Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City, Who owes the debt?  | of the information cured Claims  as. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code              | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mill USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  | itor separately in Part 2. As  e claim:  es  heck all that                                   | Column A  Amount of claim  Do not deduct the value of collateral.  \$1,245.00 | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City,  Who owes the debt? (  | of the information cured Claims  as. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code              | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mil USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed   | itor separately in Part 2. As  e claim:  es  heck all that                                   | Column A  Amount of claim  Do not deduct the value of collateral.  \$1,245.00 | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City,  Who owes the debt? (In the property of the part of the property o | of the information cured Claims  Is. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code  Check one.  | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mil USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as many car loan)  | itor separately in Part 2. As  | Column A  Amount of claim  Do not deduct the value of collateral.  \$1,245.00 | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City,  Who owes the debt? (In the property of the post of the po | of the information cured Claims  Is. If a creditor has lan one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code  Check one. | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mill USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as material car) Statutory lien (such as tax lien, medical car)  Statutory lien (such as tax lien, medical car)   | itor separately in Part 2. As  | Column A  Amount of claim  Do not deduct the value of collateral.  \$1,245.00 | Column B  Value of collateral that supports this claim | Unsecured portion If any          |
| Yes. Fill in all of Part 1: List All Secured claim for each claim. If more the much as possible, list the 2.1 Usaa Federal Creditor's Name  Po Box 47504 San Antonio, Number, Street, City,  Who owes the debt? (In the property of the part of the property o | the information cured Claims  as. If a creditor has an one creditor has claims in alphabet  Savings B  TX 78265  State & Zip Code  Check one.     | more than one secured claim, list the cred is a particular claim, list the other creditors ical order according to the creditor's name  Describe the property that secures the 2011 Kia Forte SX 114000 mill USAA Federal Savings Bank Secured Lien \$1,245.00  As of the date you file, the claim is: Capply.  Contingent Unliquidated Disputed Nature of lien. Check all that apply.  An agreement you made (such as material car) Statutory lien (such as tax lien, meckly supply supply supply statutory lien (such as tax lien, meckly supply supp | itor separately in Part 2. As  ine claim:  Ces  heck all that  ortgage or sectoranic's lien) | Column A  Amount of claim  Do not deduct the value of collateral.  \$1,245.00 | Column B  Value of collateral that supports this claim | Unsecured portion If any          |

If this is the last page of your form, add the dollar value totals from all pages. \$1,245.00 Write that number here:

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Add the dollar value of your entries in Column A on this page. Write that number here:

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

\$1,245.00

Official Form 106D

|                                 | Case  | e 17-30500                                 | Doc 1 F                              | Filed 10/11/1<br>Document                             | 7 Entere<br>Page 1 | ed 10/11/17 14:52:00   | Desc Main 10/11/17 2:39PN            |
|---------------------------------|---|--|--------------------------------------|---|--------------------|--|--------------------------------------|
| Fill in                         | this informat                                       | tion to identify you                       | ır case:                             | 17OCHIH <del>E</del> III                              | Fau <del>c</del> I | 8 (1) 49   |                                      |
| Debto                           |   | Ashina M. Ham                              |                                      |   |                    |  |                                      |
| Deptoi                          |   | First Name                                 | Middle I                             | Name  | Last Name          |  |                                      |
| Debto                           | r 2   |  |                                      |   |                    |  |                                      |
| (Spouse                         | e if, filing)                                       | First Name                                 | Middle I                             | Name  | Last Name          |  |                                      |
| United                          | l States Bankı                                      | ruptcy Court for the                       | : NORTHER                            | N DISTRICT OF I                                       | LLINOIS            |  |                                      |
| Case r                          | number  |  |                                      |   |                    |  |                                      |
| (if knowr                       |   |  |                                      | _   |                    |  | ☐ Check if this is an                |
|                                 |   |  |                                      |   |                    |  | amended filing                       |
| Offic                           | ial Form  | 106F/F                                     |                                      |   |                    |  |                                      |
|                                 |   | : Creditors                                | Who Have                             | linsacurac  | l Claime           |  | 12/15                                |
|                                 |   |  |                                      |   |                    | Part 2 for graditors with NONDRIO  | RITY claims. List the other party to |
| Schedu<br>left. Atta<br>name ar | lle D: Creditors<br>ach the Contin<br>nd case numbe | Who Have Claims S<br>uation Page to this p | ecured by Prope<br>page. If you have | erty. If more space is<br>no information to r         | s needed, copy     | any creditors with partially secure the Part you need, fill it out, numb do not file that Part. On the top of            | er the entries in the boxes on the   |
|                                 |   | have priority unsecu                       |                                      |   |                    |  |                                      |
| _                               | No. Go to Part                                      |  | irea ciaiiris agair                  | ist you!  |                    |  |                                      |
|                                 |   | ۷.   |                                      |   |                    |  |                                      |
| Part 2                          | Yes.  | of Your NONPRIOF                           | OITV Uneocuro                        | d Claims  |                    |  |                                      |
|                                 |   | have nonpriority un                        |                                      |   |                    |  | ·                                    |
|                                 |   |  |                                      | -   |                    |  |                                      |
|                                 |   | nothing to report in thi                   | s part. Submit this                  | form to the court wit                                 | h your other sch   | edules.  |                                      |
|                                 | Yes.  |  |                                      |   |                    |  |                                      |
| uns<br>tha                      | secured claim, I                                    | ist the creditor separa                    | tely for each clain                  | n. For each claim liste                               | ed, identify what  | b holds each claim. If a creditor has<br>type of claim it is. Do not list claims a<br>three nonpriority unsecured claims | Iready included in Part 1. If more   |
|                                 |   |  |                                      |   |                    |  | Total claim                          |
| 4.1                             | Cap One   |  |                                      | Last 4 digits of ac                                   | count number       | 3812   | \$4,950.00                           |
|                                 |   | reditor's Name                             |                                      |   |                    | 0  |                                      |
|                                 | Bankrupto<br>PO Box 30                              | •  |                                      | When was the del                                      | ht incurred?       | Opened 10/14 Last Activ<br>6/05/17   | e                                    |
|                                 |   | City, UT 84130-0                           | 0285                                 |   |                    | 0/00/11  |                                      |
|                                 |   | et City State Zlp Code                     |                                      | As of the date you                                    | ı file, the claim  | is: Check all that apply   |                                      |
|                                 | _   | d the debt? Check or                       | ne.                                  |   |                    |  |                                      |
|                                 | Debtor 1 o  | •  |                                      | ☐ Contingent  |                    |  |                                      |
|                                 | Debtor 2 o  | -  |                                      | ☐ Unliquidated  |                    |  |                                      |
|                                 |   | and Debtor 2 only                          |                                      | ☐ Disputed  |                    |  |                                      |
|                                 |   | ne of the debtors and                      |                                      | Type of NONPRIO                                       | RITY unsecure      | d claim:   |                                      |
|                                 |   | this claim is for a co                     | mmunity                              | ☐ Student loans                                       |                    |  |                                      |
|                                 | debt<br>Is the claim :                              | subject to offset?                         |                                      | □ Obligations arise     report as priority classifier |                    | aration agreement or divorce that you  | i aia not                            |
|                                 | ■ No  | -  |                                      |   |                    | g plans, and other similar debts   |                                      |
|                                 | ☐ Yes   |  |                                      | Other. Specify  |                    |  |                                      |
|                                 |   |  |                                      | - Caron Opcomy  |                    |  |                                      |

Debtor 1 Ashina M. Hamilton Document Page 19 of 49 Case no

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Case number (if know)

| 4.2 | Cap One   | Last 4 digits of account number                               | 7542   | \$4,903.00 |
|-----|---|---|--|------------|
|     | Nonpriority Creditor's Name  Bankruptcy Dept.  PO Box 30285                                 | When was the debt incurred?                                   | Opened 10/14 Last Active 6/12/17             |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | Debtor 1 and Debtor 2 only  | Disputed  |  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|     | debt Is the claim subject to offset?  | Obligations arising out of a separeport as priority claims    | ration agreement or divorce that you did not |            |
|     | ■ No  | ☐ Debts to pension or profit-sharin                           | g plans, and other similar debts             |            |
|     | Yes   | Other. Specify Purchases                                      | ·<br>  |            |
| 4.3 | Chase Card Nonpriority Creditor's Name  | Last 4 digits of account number                               | 9236   | \$1,906.00 |
|     | Po Box 15298 Wilmington, DE 19850   | When was the debt incurred?                                   | Opened 08/15 Last Active 6/23/17             |            |
|     | Number Street City State Zlp Code Who incurred the debt? Check one.                         | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|     | $\square$ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|     | $\square$ Check if this claim is for a community  | ☐ Student loans   |  |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not |            |
|     | No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|     | Yes   | Other. Specify Purchases                                      |  |            |
| 4.4 | Citi  | Last 4 digits of account number                               | 8969   | \$3,175.00 |
|     | Nonpriority Creditor's Name Attn: Bankruptcy Department PO Box 6241                         | When was the debt incurred?                                   | Opened 07/15 Last Active 6/21/17             |            |
|     | Sioux Falls, SD 57717  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i                          | s: Check all that apply                      |            |
|     | ■ Debtor 1 only   | ☐ Contingent  |  |            |
|     | Debtor 2 only   | ☐ Unliquidated  |  |            |
|     | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |            |
|     | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured                                 | d claim:                                     |            |
|     | ☐ Check if this claim is for a community  | ☐ Student loans   |  |            |
|     | debt Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims  | ration agreement or divorce that you did not |            |
|     | ■ No  | Debts to pension or profit-sharin                             | g plans, and other similar debts             |            |
|     | ☐ Yes   | ■ Other. Specify Purchases                                    |  |            |

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Debtor 1 Ashina M. Hamilton

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Case number (if know)

Desc Main

10/11/17 2:39PM

4.5 \$997.00 Citi Last 4 digits of account number 3783 Nonpriority Creditor's Name Attn: Bankruptcy Department Opened 08/15 Last Active PO Box 6241 When was the debt incurred? 5/08/17 Sioux Falls, SD 57717 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Purchases** Other, Specify 4.6 **Diagnostic Radiology** Last 4 digits of account number \$103.00 Nonpriority Creditor's Name 2033 Milwaukee Ave When was the debt incurred? Suite 292 Riverwoods, IL 60015 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Medical Other. Specify 4.7 **Discover Financial Services** \$990.00 Last 4 digits of account number 1775 Nonpriority Creditor's Name Opened 09/15 Last Active PO Box 15316 6/02/17 When was the debt incurred? Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Purchases ☐ Yes

Page 21 of 49 Case number (if know) Document Debtor 1 Ashina M. Hamilton

| USAA Insurance   | Last 4 digits of account number  | er   | \$0.00                 |
|--|--|--|------------------------|
| Nonpriority Creditor's Name P.O. Box 33490 San Antonio, TX 78265   | When was the debt incurred?  |  |                        |
| Number Street City State Zlp Code  Who incurred the debt? Check one.   | As of the date you file, the clai  | m is: Check all that apply                           |                        |
| Debtor 1 only  | ☐ Contingent   |  |                        |
| Debtor 2 only  | ☐ Unliquidated   |  |                        |
| ☐ Debtor 1 and Debtor 2 only   | □ Disputed   |  |                        |
| ☐ At least one of the debtors and another  | Type of NONPRIORITY unsecu   | red claim:   |                        |
| ☐ Check if this claim is for a community   | ☐ Student loans  |  |                        |
| debt   |  | eparation agreement or divorce that you did not      |                        |
| Is the claim subject to offset?  | report as priority claims  Debts to pension or profit-sha  | aring plans, and other similar debts                 |                        |
| ☐ Yes  | Other. Specify NOTICE  | <del>- :</del>                                       |                        |
| Design College to De Natificat Alberta De  |  |  |                        |
| 5. Use this page only if you have others to be notified a is trying to collect from you for a debt you owe to shave more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out or | about your bankruptcy, for a debt that<br>omeone else, list the original credito<br>at you listed in Parts 1 or 2, list the ac | r in Parts 1 or 2, then list the collection agency h | ere. Similarly, if you |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Capital 1 Bank   | Line <b>4.1</b> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   | 1                      |
| Attn: General Correspondence<br>Po Box 30285   |  | ■ Part 2: Creditors with Nonpriority Unsecured Cla   | aims                   |
| Salt Lake City, UT 84130   |  |  |                        |
| , , , , , , , , , , , , , , , , , , ,  | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Capital 1 Bank   | Line <u>4.2</u> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   |                        |
| Attn: General Correspondence<br>Po Box 30285   |  | Part 2: Creditors with Nonpriority Unsecured Cla     | aims                   |
| Salt Lake City, UT 84130   |  |  |                        |
|  | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Capital One Bank Usa   | Line 4.1 of (Check one):   | Part 1: Creditors with Priority Unsecured Claims     |                        |
| 15000 Capital One Dr<br>Richmond, VA 23238   |  | Part 2: Creditors with Nonpriority Unsecured Cla     | aims                   |
| Trioninona, VA 20200   | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Capital One Bank Usa   | Line 4.2 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims   | :                      |
| 15000 Capital One Dr   |  | ■ Part 2: Creditors with Nonpriority Unsecured Cla   | aims                   |
| Richmond, VA 23238   | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | you list the original creditor?                      |                        |
| Capital One Bank, N.A.   | Line <b>4.1</b> of ( <i>Check one</i> ):   | Part 1: Creditors with Priority Unsecured Claims     | i                      |
| PO Box 71083   |  | Part 2: Creditors with Nonpriority Unsecured Cla     | aims                   |
| Charlotte, NC 28272-1083   | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Capital One Bank, N.A.   | Line 4.2 of (Check one):   | ☐ Part 1: Creditors with Priority Unsecured Claims   | ;                      |
| PO Box 71083   |  | ■ Part 2: Creditors with Nonpriority Unsecured Cla   | aims                   |
| Charlotte, NC 28272-1083   | Last 4 digits of account number  |  |                        |
| Name and Address   | On which entry in Part 1 or Part 2 did y   | ou list the original creditor?                       |                        |
| Citi   | Line <u>4.4</u> of ( <i>Check one</i> ):   | ☐ Part 1: Creditors with Priority Unsecured Claims   | ;                      |
| PO Box 6500  |  | Part 2: Creditors with Nonpriority Unsecured Cla     |                        |
| Sioux Falls, SD 57117-6500   | Last 4 digits of account number  |  |                        |

Desc Main Entered 10/11/17 14:52:00 Case 17-30500 Doc 1 Filed 10/11/17

Document

Page 22 of 49 Case number (if know) Debtor 1 Ashina M. Hamilton Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citi Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 6500 ■ Part 2: Creditors with Nonpriority Unsecured Claims Sioux Falls, SD 57117-6500 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.4 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 769006 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Citibank NA Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 769006 ■ Part 2: Creditors with Nonpriority Unsecured Claims San Antonio, TX 78245

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                       |     |   |     | •  | Total Claim |
|-----------------------|-----|---|-----|----|-------------|
|                       | 6a. | Domestic support obligations  | 6a. | \$ | 0.00        |
| Total                 |     |   |     |    | <u> </u>    |
| claims<br>from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00        |
|                       | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00        |
|                       | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00        |
|                       | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00        |
|                       |     |   |     |    | Total Claim |
| Total                 | 6f. | Student loans   | 6f. | \$ | 0.00        |
| claims                |     |   |     |    |             |
| from Part 2           | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00        |
|                       | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00        |
|                       | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 17,024.00   |
|                       | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 17,024.00   |

Last 4 digits of account number

Page 23 of 49 Document Fill in this information to identify your case: Debtor 1 Ashina M. Hamilton Middle Name Last Name Debtor 2 First Name Middle Name (Spouse if, filing) Last Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.3 | <u> </u>  |              | <u> </u>              |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | 0.1.5     |              | 0.0.0                 | 2.1. 0000         |   |
| 2.4 | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.5 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Number    | Street       |                       |                   | _                                       |
|     | City      |              | State                 | ZIP Code          | _                                       |
|     | - ity     |              | Cidio                 |                   |   |

|                        | Case 17-30300 1   | Docume  |                        | 10/11/17 14.52.00<br>of 49                     | 10/11/17 2:39P  |
|------------------------|---|---|------------------------|--|---|
| Fill in th             | is information to identify your   |   |                        |  |   |
| Debtor 1               | Ashina M. Hamilt  | on  |                        |  |   |
|                        | First Name  | Middle Name   | Last Name              |  |   |
| Debtor 2               |   | Middle Norse  | Last Name              |  |   |
| (Spouse if,            | filing) First Name  | Middle Name   | Last Name              |  |   |
| United S               | tates Bankruptcy Court for the:   | NORTHERN DISTRICT                                     | OF ILLINOIS            |  |   |
| Case nui               | mber  |   |                        |  |   |
| (if known)             |   |   |                        |  | ☐ Check if this is an   |
|                        |   |   |                        |  | amended filing  |
| Officia                | al Form 106H  |   |                        |  |   |
|                        | dule H: Your Cod  | ohtors  |                        |  | 12/15   |
| JUILE                  | dule II. Toul Cou   | CDIOI 3   |                        |  | 12/13   |
| ill it out,<br>our nam | re filing together, both are equ<br>and number the entries in the<br>ne and case number (if known)<br>o you have any codebtors? (If | boxes on the left. Attach<br>. Answer every question. | the Additional Page to | o this page. On the top of                     |   |
|                        |   |   |                        |  |   |
| ■ N                    |   |   |                        |  |   |
| □ Y                    | es  |   |                        |  |   |
|                        | <mark>/ithin the last 8 years, have you</mark><br>ona, California, Idaho, Louisiana   |   |                        |  | ates and territories include  |
| ■ N                    | o. Go to line 3.  |   |                        |  |   |
| □ Y                    | es. Did your spouse, former spo   | use, or legal equivalent live                         | with you at the time?  |  |   |
|                        |   |   |                        |  |   |
| in lir<br>Forr         | ne 2 again as a codebtor only i   | f that person is a guarant                            | or or cosigner. Make   | sure you have listed the c                     | ith you. List the person shown<br>reditor on Schedule D (Official<br>nedule E/F, or Schedule G to fil |
|                        | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | P Code  |                        | Column 2: The creditor Check all schedules the | or to whom you owe the debt nat apply:  |
| 3.1                    |   |   |                        | ☐ Schedule D, line                             |   |
| 5.1                    | Name  |   |                        | Schedule E/F, line                             |   |
|                        |   |   |                        | ☐ Schedule G, line                             |   |
|                        | Number Street   |   |                        | _  |   |
|                        | City  | State   | ZIP Code               |  |   |
|                        |   |   |                        |  |   |
| 3.2                    |   |   |                        | ☐ Schedule D, line                             |   |
| J.E                    | Name  |   |                        | ☐ Schedule E/F, line                           |   |
|                        |   |   |                        | ☐ Schedule G, line                             |   |
|                        | Number Street   |   |                        | _  |   |
|                        |   |   |                        |  |   |

State

City

ZIP Code

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| Fill        | in this information to identi   | ify your ca               | se:                     |                                      |           |               |                |  |             |          |
|-------------|---|---------------------------|-------------------------|--------------------------------------|-----------|---------------|----------------|--|-------------|----------|
| Del         | btor 1 Ashi   | ina M. Ha                 | milton                  |                                      |           | _             |                |  |             |          |
|             | btor 2  |                           |                         |                                      |           | _             |                |  |             |          |
| Uni         | ited States Bankruptcy Cou  | urt for the:              | NORTHERN DISTRIC        | T OF ILLINOIS                        |           |               |                |  |             |          |
|             | se number<br>nown)  |                           |                         |                                      |           |               |                | d filing<br>ent showing p<br>as of the follo |             |          |
| O           | fficial Form 106  | SI                        |                         |                                      |           |               | MM / DD/ Y     |  | ming date.  |          |
|             | chedule I: You  |                           | me                      |                                      |           |               | IVIIVI / DD/ Y | YYY  |             | 12/15    |
| spo<br>atta | plying correct information use. If you are separated chaseparate sheet to the Describe Employers. | l and your<br>nis form. C | spouse is not filing wi | th you, do not include               | infori    | nation abou   | ıt your spo    | use. If more                                 | space is    | needed,  |
| 1.          | Fill in your employmen information.   | nt                        |                         | Debtor 1                             |           |               | Debtor 2       | or non-filing                                | g spouse    |          |
|             | If you have more than or  |                           | F*                      | ■ Employed                           |           |               | ☐ Emplo        | yed  |             |          |
|             | attach a separate page v<br>information about addition  |                           | Employment status*      | ☐ Not employed                       |           |               | ☐ Not er       | mployed                                      |             |          |
|             | employers.  |                           | Occupation              | Server                               |           |               |                |  |             |          |
|             | Include part-time, season<br>self-employed work.  | nal, or                   | Employer's name         | Ramen Takeya                         |           |               |                |  |             |          |
|             | Occupation may include or homemaker, if it applied  |                           | Employer's address      | 819 W. Fulton Ma<br>Chicago, IL 6060 |           |               |                |  |             |          |
|             |   |                           | How long employed th    |                                      | hmen      | t for Additic | onal Employ    | yment Inforr                                 | nation      |          |
| Esti        | Give Details Alimate monthly income as use unless you are separate                                | of the da                 |                         | ou have nothing to rep               | ort for   | any line, wri | te \$0 in the  | space. Includ                                | de your noi | n-filing |
|             | ou or your non-filing spouse<br>e space, attach a separate  |                           |                         | mbine the information                | for all e | employers fo  | r that perso   | n on the lines                               | s below. If | you need |
|             |   |                           |                         |                                      |           | For De        | ebtor 1        | For Debto<br>non-filing                      |             |          |
| 2.          | List monthly gross wag deductions). If not paid   |                           |                         |                                      | 2.        | \$            | 1,733.00       | \$   | N/A         |          |
| 3.          | Estimate and list month   | hly overtii               | me pay.                 |                                      | 3.        | +\$           | 0.00           | +\$  | N/A         |          |
| 4.          | Calculate gross Income  | e. Add line               | e 2 + line 3.           |                                      | 4.        | \$1,7         | 733.00         | \$   | N/A         |          |

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| Debtor        | 1                             | Ashina M. Hamilton   |                | Case n      | number (if known)                       |          |  |              |
|---------------|-------------------------------|--|----------------|-------------|---|----------|--|--------------|
|               |                               |  |                | For I       | Debtor 1                                |          | Debtor 2 or filing spouse                        |              |
| (             | Сор                           | y line 4 here  | 4.             | \$          | 1,733.00                                | \$       | N/A  |              |
| 5. <b>L</b>   | iet                           | all payroll deductions:  |                |             |   |          |  |              |
|               |                               | • •  | Eo             | ¢           | 422.00                                  | æ        | NI/A   |              |
|               | ā.                            | Tax, Medicare, and Social Security deductions  | 5a.            | \$<br>\$    | 433.00                                  | \$       | N/A  |              |
|               | ib.<br>ic.                    | Mandatory contributions for retirement plans Voluntary contributions for retirement plans  | 5b.<br>5c.     | \$          | 0.00                                    | \$<br>   | N/A  |              |
|               | oc.<br>5d.                    | Required repayments of retirement fund loans   | 5d.            | \$<br>      | 0.00                                    | \$<br>   | N/A  |              |
|               | ie.                           | Insurance  | 5u.<br>5e.     | \$<br>      | 0.00                                    | \$<br>   | N/A<br>N/A                                       |              |
|               | of.                           | Domestic support obligations   | 5e.<br>5f.     | \$<br>      | 0.00                                    | \$<br>   | N/A  |              |
|               | īg.                           | Union dues   | 5g.            | \$<br>      | 0.00                                    | \$—      | N/A  |              |
|               | by.<br>5h.                    | Other deductions. Specify:   | 5h.+           |             | _                                       | · \$—    | N/A  |              |
|               |                               | · · · · · · · · · · · · · · · · · · ·  | _              | -           |   | · : —    |  |              |
|               |                               | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.             | \$          | 433.00                                  | \$       | N/A  |              |
| 7. (          | Calc                          | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.             | \$          | 1,300.00                                | \$       | N/A  |              |
| 8             | ist<br>Ba.<br>Bb.<br>Bc.      | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive | 8a.<br>8b.     | \$<br>\$    | 0.00                                    | \$<br>\$ | N/A<br>N/A                                       |              |
|               |                               | Include alimony, spousal support, child support, maintenance, divorce  |                |             |   |          |  |              |
|               |                               | settlement, and property settlement.   | 8c.            | \$          | 0.00                                    | \$       | N/A  |              |
|               | ßd.                           | Unemployment compensation  | 8d.            | \$          | 0.00                                    | \$       | N/A  |              |
|               | ße.                           | Social Security  | 8e.            | \$          | 0.00                                    | \$       | N/A  |              |
|               | ßf.<br>ßg.                    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  Pension or retirement income   | _ 8f.<br>_ 8g. | \$          | 0.00                                    | \$       | N/A<br>N/A                                       |              |
|               | ßh.                           | Other monthly income. Specify: Windy City Times  | 8h.+           | · · · · · · |   | · \$ —   | N/A  |              |
|               |                               |  | _              |             |   | _        |  | 7            |
| 9. <i>I</i>   | Add                           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.             | \$          | 495.00                                  | \$       | N/A  |              |
| 10. <b>(</b>  | Calc                          | culate monthly income. Add line 7 + line 9.  | 10. \$         | 1           | ,795.00 + \$                            |          | N/A = \$   | 1,795.00     |
|               |                               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |                |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | <del>-                                    </del> | 1,1 00.00    |
| 11. <b>\$</b> | State<br>nclu<br>othe<br>Do n | e all other regular contributions to the expenses that you list in Schedule ide contributions from an unmarried partner, members of your household, your refriends or relatives. Not include any amounts already included in lines 2-10 or amounts that are not a cify:  | depen          |             | ,                                       | ,        | chedule J.<br>11. +\$                            | 0.00         |
| ١             |                               | the amount in the last column of line 10 to the amount in line 11. The resident that amount on the Summary of Schedules and Statistical Summary of Certain ies   |                |             |   |          | 12. \$   | 1,795.00     |
|               |                               |  |                |             |   |          | Combin   | ed<br>income |
| 13. <b>[</b>  | Doy<br>■                      | you expect an increase or decrease within the year after you file this form?  No.  | ?              |             |   |          | monthly  | MICOINE      |
| [             |                               | Yes. Explain:  |                |             |   |          |  |              |

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| Debtor 1 | Ashina M. Hamilton | Case number (if known) |
|----------|--------------------|------------------------|

# Official Form B 6I Attachment for Additional Employment Information

| Debtor              |                   |  |
|---------------------|-------------------|--|
| Occupation          | Delivery Driver   |  |
| Name of Employer    | Windy City Tines  |  |
| How long employed   | 2007              |  |
| Address of Employer | 335 N. Clark St.  |  |
|                     | Chicago, IL 60670 |  |

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| Fill | n this information to identify ye   | our case:     |  |   |            |                   |   |
|------|---|---------------|--|---|------------|-------------------|---|
| Deb  | tor 1 Ashina M. H   | amilton       |  |   | Ch         | eck if this is:   |   |
|      |   |               |  |   |            | An amended filing |   |
|      | tor 2<br>buse, if filing)   |               |  |   |            |                   | wing postpetition chapter the following date: |
| (Opc | ruse, ii ming)  |               |  |   |            |                   |   |
| Unit | ed States Bankruptcy Court for the  | : NORTI       | HERN DISTRICT OF ILLIN                       | OIS                                     |            | MM / DD / YYYY    |   |
|      | e number<br>nown)   |               |  |   |            |                   |   |
| `    |   |               |  |   |            |                   |   |
| Of   | ficial Form 106J  |               |  |   |            |                   |   |
|      | chedule J: Your   |               |  |   |            |                   | 12/15   |
| info | as complete and accurate as rmation. If more space is ne need to have eve                           | eded, atta    | ach another sheet to this                    |   |            |                   |   |
| Par  | 1: Describe Your House Is this a joint case?  | ehold         |  |   |            |                   |   |
| ١.   |   |               |  |   |            |                   |   |
|      | <ul><li>■ No. Go to line 2.</li><li>□ Yes. Does Debtor 2 live</li></ul>                             | in a separ    | ate household?                               |   |            |                   |   |
|      | ☐ No<br>☐ Yes. Debtor 2 mu  | st file Offic | ial Form 106J-2, <i>Expenses</i>             | for Separate House                      | hold of De | ebtor 2.          |   |
| 2.   | Do you have dependents?   | ■ No          |  |   |            |                   |   |
|      | Do not list Debtor 1 and Debtor 2.  | ☐ Yes.        | Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor |            | Dependent's age   | Does dependent live with you?                 |
|      | Do not state the  |               |  |   |            |                   | □ No  |
|      | dependents names.   |               |  |   |            |                   | ☐ Yes   |
|      |   |               |  |   |            |                   | □ No  |
|      |   |               |  |   |            |                   | ☐ Yes   |
|      |   |               |  |   |            |                   | □ No  |
|      |   |               |  |   |            |                   | Yes   |
|      |   |               |  |   |            |                   | □ No  |
| 3.   | Do your expenses include  | _             | 1  |   |            |                   | ☐ Yes   |
| J.   | expenses of people other t<br>yourself and your depende   | :han ∟        | l No<br>l Yes                                |   |            |                   |   |
| exp  | Estimate Your Ongoi<br>imate your expenses as of y<br>enses as of a date after the<br>licable date. | our bankr     | uptcy filing date unless y                   |   |            |                   |   |
| the  | ude expenses paid for with<br>value of such assistance an<br>icial Form 106l.)                      |               |  |   |            | Your exp          | enses   |
| 4.   | The rental or home owners   | hin ovne      | nege for your racidance                      | nclude firet mortacas                   |            |                   |   |
| 4.   | payments and any rent for th  |               |  | nciude ilist mortgage                   | 4.         | \$                | 450.00  |
|      | If not included in line 4:  |               |  |   |            |                   |   |
|      | 4a. Real estate taxes   |               |  |   | 4a.        |                   | 0.00  |
|      | 4b. Property, homeowner's   |               |  |   | 4b.        |                   | 40.00   |
|      | 4c. Home maintenance, re  | •             |  |   | 4c.        | ·                 | 0.00  |
|      | <ol><li>4d. Homeowner's associa</li></ol>   | uon or con    | aominium aues                                |   | 4d.        | Ф                 | 0.00  |

5. \$

0.00

Additional mortgage payments for your residence, such as home equity loans

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| Deb        | tor 1  | Ashina N      | И. Hamilton  | Case r                       | numl        | ber (if known) |                             |
|------------|--------|---------------|--|------------------------------|-------------|----------------|-----------------------------|
| 6.         | Utilit | ies:          |  |                              |             |                |                             |
| ٥.         | 6a.    |               | , heat, natural gas  |                              | 6a.         | \$             | 0.00                        |
|            | 6b.    |               | wer, garbage collection  | (                            | 6b.         | · ·            | 0.00                        |
|            | 6c.    |               | e, cell phone, Internet, satellite, and cable services   | s (                          | 6c.         | \$             | 191.00                      |
|            | 6d.    | Other. Spe    | · · · · · · · · · · · · · · · · · · ·  |                              | 6d.         | \$             | 0.00                        |
| 7.         |        |               | ekeeping supplies  |                              | 7.          | \$             | 345.00                      |
| 8.         |        |               | children's education costs   |                              | 8.          | \$             | 0.00                        |
| 9.         |        |               | ry, and dry cleaning   |                              | 9.          | \$             | 25.00                       |
|            |        | -             | products and services  |                              | 10.         | \$             | 25.00                       |
| 11.        |        | -             | ntal expenses  |                              | 11.         | ·              | 23.00                       |
|            |        |               | Include gas, maintenance, bus or train fare.   |                              | ١١.         | Ψ              | 23.00                       |
| 12.        |        | •             | ar payments.   | •                            | 12.         | \$             | 200.00                      |
| 13.        |        |               | clubs, recreation, newspapers, magazines, an   | d books                      | 13.         | \$             | 0.00                        |
|            |        |               | ributions and religious donations  |                              | 14.         | · —            | 0.00                        |
|            |        | rance.        | indutions and rengious donations   |                              | 1-7.        | Ψ              | 0.00                        |
| 10.        |        |               | nsurance deducted from your pay or included in lir   | es 4 or 20.                  |             |                |                             |
|            |        | Life insura   |  |                              | 5a.         | \$             | 0.00                        |
|            | 15b.   | Health ins    | urance   |                              | 5b.         |                | 290.00                      |
|            |        | Vehicle ins   |  |                              | 5c.         | ·              | 68.00                       |
|            |        |               | rance. Specify:  |                              | 5d.         | ·              | 0.00                        |
| 16         |        |               | iclude taxes deducted from your pay or included in   |                              | Ju.         | Ψ              | 0.00                        |
|            | Spec   | eify:         |  |                              | 16.         | \$             | 0.00                        |
| 17.        |        |               | ease payments:   | 4-                           | _           | •              | 400.00                      |
|            |        |               | ents for Vehicle 1   |                              | 7a.         | ·              | 138.00                      |
|            |        |               | ents for Vehicle 2   |                              | 7b.         | ·              | 0.00                        |
|            |        | Other. Spe    |  | 17                           | 7c.         | \$             | 0.00                        |
|            |        | Other. Spe    |  |                              | 7d.         | \$             | 0.00                        |
| 18.        |        |               | of alimony, maintenance, and support that yo   |                              | 18.         | \$             | 0.00                        |
| 10         |        |               | your pay on line 5, <i>Schedule I, Your Income</i> (O<br>s you make to support others who do not live <b>v</b> | inciai i oim rooij.          | 10.         | \$             | 0.00                        |
| 13.        |        |               | s you make to support others who do not live   | -                            | 19.         | Ψ              | 0.00                        |
| 20         | Spec   | · —           | erty expenses not included in lines 4 or 5 of th   |                              |             | ur Incomo      |                             |
| 20.        |        |               | s on other property  |                              | . 70<br>0a. |                | 0.00                        |
|            |        | Real estat    |  |                              | 0b.         |                | 0.00                        |
|            |        |               |  |                              | ос.         |                | -                           |
|            |        |               | homeowner's, or renter's insurance<br>nce, repair, and upkeep expenses   |                              | oc.<br>0d.  | ·              | 0.00                        |
|            |        |               |  |                              |             |                | 0.00                        |
|            |        |               | er's association or condominium dues   |                              | 0e.         | ·              | 0.00                        |
| 21.        | Othe   | er: Specify:  |  |                              | 21.         | +\$            | 0.00                        |
| 22.        | Calc   | ulate your i  | monthly expenses   |                              |             |                |                             |
|            |        | -             | through 21.  |                              |             | \$             | 1,795.00                    |
|            | 22b.   | Copy line 2   | 2 (monthly expenses for Debtor 2), if any, from Of   | ficial Form 106J-2           |             | \$             | 1,100100                    |
|            |        |               | a and 22b. The result is your monthly expenses.  |                              |             | \$             | 1,795.00                    |
|            | 226.   | Auu IIIIe 226 | a and 22b. The result is your monthly expenses.  |                              |             | Ψ              | 1,795.00                    |
| 23.        | Calc   | ulate your ı  | monthly net income.  |                              |             |                |                             |
|            | 23a.   | Copy line     | 12 (your combined monthly income) from Schedu  | le I. 23                     | 3a.         | \$             | 1,795.00                    |
|            |        |               | monthly expenses from line 22c above.  |                              | 3b.         | -\$            | 1,795.00                    |
|            |        |               |  |                              | 1           |                |                             |
|            | 23c.   |               | our monthly expenses from your monthly income.   | 2.                           | 3.          | \$             | 0.00                        |
|            |        | The result    | is your monthly net income.  | 2.                           | 3c.         | Ψ              | 0.00                        |
| 24         | Do ve  | OII OVDOCE C  | an increase or decrease in your expenses with  | in the year after you file t | thic        | form?          |                             |
| <b>4</b> . |        |               | ou expect to finish paying for your car loan within the yea  |                              |             |                | se or decrease because of a |
|            |        |               | terms of your mortgage?  | jou onpoor your morego       | .g~ F       | ,              |                             |
|            | ■ No   |               | , 5 5  |                              |             |                |                             |
|            |        |               | Explain here:  |                              |             |                |                             |
|            | □ Ye   | es.           | LAPIGITITIES.  |                              |             |                |                             |

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| Fill in this inform     | nation to identify your                          | case:                     |                          |                          |   |
|-------------------------|--|---------------------------|--------------------------|--------------------------|---|
| Debtor 1                | Ashina M. Hamilto                                | on                        |                          |                          |   |
|                         | First Name                                       | Middle Name               | Last Name                |                          |   |
| Debtor 2                |  |                           |                          |                          |   |
| (Spouse if, filing)     | First Name                                       | Middle Name               | Last Name                |                          |   |
| United States Ba        | nkruptcy Court for the:                          | NORTHERN DISTRICT         | OF ILLINOIS              |                          |   |
| Case number             |  |                           |                          |                          |   |
| (if known)              |  |                           |                          |                          | ☐ Check if this is an amended filing                                  |
| Official Forn  Declarat |  | n Individual              | Debtor's So              | chedules                 | 12/15   |
|                         |  |                           |                          |                          |   |
| it two married pe       | opie are filing together                         | , both are equally respon | nsible for supplying co  | rrect information.       |   |
| obtaining money         |  | connection with a bank    |                          |                          | ent, concealing property, or<br>or imprisonment for up to 20          |
| Sigr                    | n Below  |                           |                          |                          |   |
| Did you pay             | y or agree to pay some                           | one who is NOT an attor   | ney to help you fill out | bankruptcy forms?        |   |
| ■ No                    |  |                           |                          |                          |   |
| ☐ Yes. N                | lame of person                                   |                           |                          |                          | uptcy Petition Preparer's Notice,<br>nd Signature (Official Form 119) |
|                         | Ity of perjury, I declare<br>e true and correct. | that I have read the sum  | mary and schedules file  | ed with this declaration | and   |
| X /s/ Ash               | ina M. Hamilton                                  |                           | Х                        |                          |   |
| Ashina                  | M. Hamilton<br>re of Debtor 1                    |                           | Signature o              | f Debtor 2               |   |
|                         |  |                           |                          |                          |   |

Date

Date **October 11, 2017** 

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| Fill        | in this inforn                           | nation to identify you                       | r case:   |   |  |   |
|-------------|--|--|---|---|--|---|
| Deb         | otor 1                                   | Ashina M. Hamil                              | ton   |   |  |   |
|             | 0  | First Name                                   | Middle Name   | Last Name   |  |   |
|             | otor 2<br>use if, filing)                | First Name                                   | Middle Name   | Last Name   |  |   |
| Uni         | ted States Ba                            | nkruptcy Court for the:                      | NORTHERN DISTRICT O   | F ILLINOIS  |  |   |
| Cas         | se number                                |  |   |   |  |   |
| (if kn      | own)                                     |  |   |   |  | Check if this is an<br>amended filing                 |
| <b>∩</b> f  | ficial Fo                                | rm 107                                       |   |   |  |   |
|             |  |  | Affairs for Individ   | luals Filing for B                                    | ankruptcy                                  | 4/10  |
| info        | rmation. If male in the matter (if known | ore space is needed,<br>n). Answer every que | ble. If two married people a<br>attach a separate sheet to t<br>stion.<br>Irital Status and Where You | his form. On the top of any                           |  |   |
| 1.          | What is you                              | r current marital statu                      | ıs?   |   |  |   |
|             | ☐ Married                                |  |   |   |  |   |
|             | ■ Not mar                                | ried   |   |   |  |   |
| 2.          | During the la                            | ast 3 years, have you                        | lived anywhere other than v   | vhere you live now?                                   |  |   |
|             |  | it all of the places you l                   | ived in the last 3 years. Do no  Dates Debtor 1   | t include where you live now  Debtor 2 Prior Ad       |  | Dates Debtor 2  |
|             | 100 Wood<br>Gurnee, IL                   | lake Blvd. #2702<br>. 60031                  | lived there<br>From-To:<br>8/14 -02/16  | ☐ Same as Debtor 1                                    |  | Same as Debtor 1 From-To:                             |
| 3.<br>state | ■ No □ Yes. Ma                           | es include Árizona, Ca                       | ver live with a spouse or legalifornia, Idaho, Louisiana, Nevonedule H: Your Codebtors (Off           | rada, New Mexico, Puerto Ri                           |  |   |
| 4.          | Did you have                             | e any income from or                         | nployment or from operating   | n a husiness during this ve                           | ar or the two previous calo                | ndar vears?   |
|             | Fill in the total                        | al amount of income yo                       | u received from all jobs and a<br>have income that you receive  | II businesses, including part-                        | time activities.                           | nuai years:   |
|             | □ No ■ Yes. Fill                         | in the details.                              |   |   |  |   |
|             |  |  | Debtor 1  |   | Debtor 2                                   |   |
|             |  |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|             |  | of current year until<br>d for bankruptcy:   | ■ Wages, commissions, bonuses, tips   | \$17,000.00   | ☐ Wages, commissions, bonuses, tips        |   |

Statement of Financial Affairs for Individuals Filing for Bankruptcy

☐ Operating a business

Official Form 107

☐ Operating a business

Debtor 1 Ashina M. Hamilton

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Case number (if known)

|         |  |   | Debtor 1  |  | Debtor 2   |   |
|---------|--|---|---|--|--|---|
|         |  |   | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income Check all that app                                     |   |
|         | alendar year:<br>1 to December           | 31, 2016 )  | ■ Wages, commissions, bonuses, tips   | \$9,855.00   | ☐ Wages, commi bonuses, tips   | ssions,   |
|         |  |   | ☐ Operating a business  |  | ☐ Operating a bu   | siness  |
|         | alendar year be<br>1 to December         |   | ■ Wages, commissions, bonuses, tips   | \$8,052.00   | ☐ Wages, commi bonuses, tips   | ssions,   |
|         |  |   | ☐ Operating a business  |  | ☐ Operating a bu   | siness  |
| List e  | <b>o</b> ,                               | the gross inco  | se and you have income that yome from each source separa  | ,  | ,  |   |
|         |  |   | Debtor 1  |  | Debtor 2   |   |
|         |  |   | Sources of income<br>Describe below.  | Gross income from<br>each source<br>(before deductions and<br>exclusions)  | Sources of incomposition Describe below.                                 | Gross income<br>(before deductions<br>and exclusions)           |
| Part 3: | List Certain Pa                          | yments You  | Made Before You Filed for   | Bankruptcy   |  |   |
| _       | No. Neither Do individual puring the No. | ebtor 1 nor E<br>primarily for a<br>90 days befo<br>Go to line 7<br>List below 6<br>paid that cr<br>not include | personal, family, or househo<br>ore you filed for bankruptcy, di<br>'.<br>each creditor to whom you pai | Imer debts. Consumer debtld purpose."  d you pay any creditor a totatd a total of \$6,425* or more the for domestic support oblinis bankruptcy case. | al of \$6,425* or more?<br>in one or more paym<br>gations, such as child | ents and the total amount you support and alimony. Also, do     |
|         |  |   | or both have primarily consu  |  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                         |
|         |  |   | ore you filed for bankruptcy, di  |  | al of \$600 or more?   |   |
|         | ■ No.                                    | Go to line 7  | <b>'</b> .  |  |  |   |
|         | ☐ Yes                                    | include pay   | each creditor to whom you pai<br>ments for domestic support o<br>this bankruptcy case.                  |  |  | u paid that creditor. Do not<br>o, do not include payments to a |
| Cred    | litor's Name and                         | d Address   | Dates of payme  | ent Total amount   | Amount you   | Was this payment for  |

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Case number (if known)

| 7.  | Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. |                            |                      |                    |                          |  |  |  |
|-----|--|----------------------------|----------------------|--------------------|--------------------------|--|--|--|
|     | <ul><li>No</li><li>☐ Yes. List all payments to an insider.</li></ul>   |                            |                      |                    |                          |  |  |  |
|     | Insider's Name and Address   | Dates of payment           | Total amount paid    | Amount yo still ow |                          | this payment                                 |  |  |
| 8.  | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.  |                            |                      |                    |                          |  |  |  |
|     | No   |                            |                      |                    |                          |  |  |  |
|     | ☐ Yes. List all payments to an insider   |                            |                      |                    |                          |  |  |  |
|     | Insider's Name and Address   | Dates of payment           | Total amount paid    | Amount yo still ow |                          | this payment<br>litor's name                 |  |  |
| Pai | rt 4: Identify Legal Actions, Repossession   | s, and Foreclosures        |                      |                    |                          | _  |  |  |
| 9.  | Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes.  ■ No □ Yes. Fill in the details.  |                            |                      |                    |                          |  |  |  |
|     | Case title Case number   | Nature of the case         | Court or agency      |                    | Status of th             | ne case                                      |  |  |
| 10. | Within 1 year before you filed for bankrupto Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.  Creditor Name and Address  | Describe the Property      |                      |                    | rnished, attached        | d, seized, or levied?  Value of the property |  |  |
|     |  | Explain what happened      |                      |                    |                          |  |  |  |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment becan a No Yes. Fill in the details.  |                            | uding a bank or fin  | nancial institut   | tion, set off any a      | amounts from your                            |  |  |
|     | Creditor Name and Address  | Describe the action the    | creditor took        |                    | ate action was<br>ken    | Amount                                       |  |  |
|     | Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or all No  Yes  List Certain Gifts and Contributions   |                            | erty in the possessi |                    |                          | efit of creditors, a                         |  |  |
| 13. |  | toy did you give any gifts | with a total value   | of more than       | \$600 ner nerson         | ?  |  |  |
| 13. | ■ No □ Yes. Fill in the details for each gift.   | icy, did you give any gins | s with a total value | of more main       | good per person          | i  |  |  |
|     | Gifts with a total value of more than \$600 per person   | Describe the gifts         |                      |                    | ates you gave<br>e gifts | Value  |  |  |
|     | Person to Whom You Gave the Gift and Address:  |                            |                      |                    |                          |  |  |  |

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Case number (if known) Document Debtor 1 Ashina M. Hamilton 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value contributed more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Description and value of any property Person Who Was Paid Amount of Date payment Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You David M. Siegel & Associates 6/28/17-10/1 \$600.00 **Attorney Fees** 790 Chaddick Drive /17 Wheeling, IL 60090 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

**Person Who Received Transfer** Description and value of Describe any property or Date transfer was payments received or debts **Address** property transferred made paid in exchange Person's relationship to you

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Debtor 1 Ashina M. Hamilton

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  No Yes. Fill in the details. |  |                               |  |   |  |  |  |
|-----|---|--|-------------------------------|--|---|--|--|--|
|     | Name of trust   | Description and v  | alue of the property tr       | ransferred   | Date Transfer was made                        |  |  |  |
| Par | t 8: List of Certain Financial Accounts, In   | struments, Safe Deposi   | t Boxes, and Storage l        | Jnits  |   |  |  |  |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, ohouses, pension funds, cooperatives, asso ■ No ■ Yes. Fill in the details.  | or other financial accou   | nts; certificates of dep      |  |   |  |  |  |
|     | Name of Financial Institution and<br>Address (Number, Street, City, State and ZIP<br>Code)  | Last 4 digits of account number  | Type of account or instrument | Date account was closed, sold, moved, or transferred   | Last balance<br>before closing or<br>transfer |  |  |  |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?  No Yes. Fill in the details.  Name of Financial Institution  | year before you filed for  |                               | deposit box or other deposition of the depositio | sitory for securities,  Do you still          |  |  |  |
|     | Address (Number, Street, City, State and ZIP Code)  | Address (Number, S<br>State and ZIP Code)                                |                               | ibe the contents   | have it?                                      |  |  |  |
| 22. | Have you stored property in a storage unit o  ■ No □ Yes. Fill in the details.  | or place other than you  | home within 1 year b          | efore you filed for bankrupt   | cy?   |  |  |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and ZIP Code)  | Who else has or l<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | ibe the contents   | Do you still have it?                         |  |  |  |
| Par | t 9: Identify Property You Hold or Control  | for Someone Else   |                               |  |   |  |  |  |
| 23. | Do you hold or control any property that so for someone.  | meone else owns? Incl  | ude any property you l        | borrowed from, are storing   | for, or hold in trust                         |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |                               |  |   |  |  |  |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)  | Where is the prop<br>(Number, Street, City, S<br>Code)                   |                               | ibe the property   | Value   |  |  |  |

### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Ashina M. Hamilton

| 24. | Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?  No |  |  |                    |  |  |  |  |  |
|-----|--|--|--|--------------------|--|--|--|--|--|
|     | Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)             | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |  |
| 25. | Have you notified any governmental unit of any  ■ No   | release of hazardous material?   |  |                    |  |  |  |  |  |
|     | Yes. Fill in the details.  |  |  |                    |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)       | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any envi   | onmental law? Include settlements ar                               | nd orders.         |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.   |  |  |                    |  |  |  |  |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)          | Nature of the case   | Status of the case |  |  |  |  |  |
| Par | t 11: Give Details About Your Business or Con  | nections to Any Business   |  |                    |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankruptcy, o  | did you own a business or have an  | y of the following connections to any                              | business?          |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                          |  |  |                    |  |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)   |  |  |                    |  |  |  |  |  |
|     | ☐ A partner in a partnership   |  |  |                    |  |  |  |  |  |
|     | ☐ An officer, director, or managing executive of a corporation   |  |  |                    |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting or equity securities of a corporation  |  |  |                    |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to Part 12.  |  |  |                    |  |  |  |  |  |
|     | _  | Yes. Check all that apply above and fill in the details below for each business. |  |                    |  |  |  |  |  |
|     | Address  | scribe the nature of the business  | Employer Identification number<br>Do not include Social Security n | umber or ITIN.     |  |  |  |  |  |
|     | (Number, Street, City, State and ZIP Code)   | me of accountant or bookkeeper   | Dates business existed   |                    |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankruptcy, of institutions, creditors, or other parties.  | did you give a financial statement t   | o anyone about your business? Includ                               | de all financial   |  |  |  |  |  |
|     | ■ No   |  |  |                    |  |  |  |  |  |
|     | Yes. Fill in the details below.  |  |  |                    |  |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)  | te Issued  |  |                    |  |  |  |  |  |

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| Part 1                      | 2: Sign Below                                    |   |                      |
|-----------------------------|--|---|----------------------|
| I have<br>are tru<br>with a | read the answers on t<br>e and correct. I unders | this Statement of Financial Affairs and any attachments, and I declare under pe stand that making a false statement, concealing property, or obtaining money cresult in fines up to \$250,000, or imprisonment for up to 20 years, or both. | , , , ,              |
| /s/ As                      | shina M. Hamilton                                |   |                      |
| Ashir                       | na M. Hamilton                                   | Signature of Debtor 2   |                      |
| Signa                       | ture of Debtor 1                                 |   |                      |
| Date                        | October 11, 2017                                 | Date  |                      |
| Did yo                      | u attach additional pa                           | ges to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy  | (Official Form 107)? |
| ■ No                        | •  | <b>,</b>  | ,                    |
| ☐ Yes                       |  |   |                      |
| Did yo                      | u pay or agree to pay                            | someone who is not an attorney to help you fill out bankruptcy forms?   |                      |
| ■ No                        |  |   |                      |
| ☐ Yes                       | . Name of Person                                 | . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Off   | icial Form 119).     |

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|  |  |   | •   |   |
|--|--|---|---|---|
| Fill in this info  | ormation to identify your  | case:   |   |   |
| Debtor 1   | Ashina M. Hamilto  | ON Middle Name  | Lost Nome   |   |
| Debtor 2   | First Name   | Middle Name   | Last Name   |   |
| (Spouse if, filing)  | First Name   | Middle Name   | Last Name   |   |
| United States  | Bankruptcy Court for the:  | NORTHERN DISTR  | RICT OF ILLINOIS  |   |
| Case number<br>(if known)  |  |   |   | ☐ Check if this is an amended filing  |
|  | orm 108<br>ent of Intentio   | n for Indivi  | duals Filing Under C  | hapter 7 12/15  |
| creditors have leg you have leg You must file which on the leg two married sign.  Be as complete write | hever is earlier, unless the form  people are filing together and date the form.  e and accurate as possibe your name and case num | ur property, or and the lease has no rithin 30 days after y le court extends the r in a joint case, both le. If more space is inber (if known). | t expired.<br>ou file your bankruptcy petition or by t<br>time for cause. You must also send co<br>n are equally responsible for supplying                                      | he date set for the meeting of creditors, pies to the creditors and lessors you list correct information. Both debtors must form. On the top of any additional pages, |
| 1. For any cree  |  | art 1 of Schedule D:  | Creditors Who Have Claims Secured b What do you intend to do with the pro   | y Property (Official Form 106D), fill in the operty that  Did you claim the property as exempt on Schedule C?   |
|  |  |   | Scoures a debt:   | as exempt on ouncounce of   |
| Creditor's   | Usaa Federal Savings   | вВ  | ☐ Surrender the property.   | □ No  |
| name:  Description property securing de  | USAA Federal Sav   | ings Bank   | <ul> <li>□ Retain the property and redeem it.</li> <li>■ Retain the property and enter into a Reaffirmation Agreement.</li> <li>□ Retain the property and [explain]:</li> </ul> | ■ Yes   |
| securing de  | Di.  |   |   |   |
| For any unexp<br>in the informa  | tion below. Do not list rea  | ase that you listed in  |   | d Unexpired Leases (Official Form 106G), fill<br>a effect; the lease period has not yet ended.<br>. § 365(p)(2).  |
| Describe you   | r unexpired personal prop  | perty leases  |   | Will the lease be assumed?  |
| Lessor's name  |  |   |   | □ No  |
| Description of Property:   | leased   |   |   | ☐ Yes   |
| Lessor's name  |  |   |   | □ No  |
| Description of   |  |   |   |   |

Statement of Intention for Individuals Filing Under Chapter 7

Lessor's name:

Official Form 108

☐ No

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☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

□ No

Description of leased Property: ☐ Yes Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

| Χ | /s/ Ashina M. Hamilton | X                     |  |
|---|------------------------|-----------------------|--|
|   | Ashina M. Hamilton     | Signature of Debtor 2 |  |
|   | Signature of Debtor 1  |                       |  |

Signature of Debtor 1

Property:

Property:

Property:

Property:

Lessor's name:

Lessor's name:

Lessor's name:

Date

Description of leased

Description of leased

October 11, 2017 Date

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |  |
|------------|--------------------|--|
| \$245      | filing fee         |  |
| \$75       | administrative fee |  |
| + \$15     | trustee surcharge  |  |
| \$335      | total fee          |  |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Document

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#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

#### Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-30500 Doc 1 Filed 10/11/17 Entered 10/11/17 14:52:00 Desc Main Document Page 44 of 49

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In r | e Ashina M. Har                               | milton   |   | Case No.              |                                     |
|------|---|--|---|-----------------------|-------------------------------------|
|      | ·   |  | Debtor(s)   | Chapter               | 7                                   |
|      | DIS   | SCLOSURE OF CO   | MPENSATION OF ATTOR   | RNEY FOR DE           | EBTOR(S)                            |
| 1.   | compensation paid to                          | o me within one year before                                      | P. 2016(b), I certify that I am the attorn<br>the filing of the petition in bankruptcy,<br>plation of or in connection with the ban | or agreed to be paid  | to me, for services rendered or to  |
|      |   |  |   |                       | 1,350.00                            |
|      |   |  | eceived   |                       | 600.00                              |
|      | Balance Due                                   |  |   | \$                    | 750.00                              |
| 2.   | The source of the co                          | impensation paid to me was:                                      |   |                       |                                     |
|      | Debtor  | ☐ Other (specify):   |   |                       |                                     |
| 3.   | The source of compe                           | ensation to be paid to me is:                                    |   |                       |                                     |
|      | Debtor  | ☐ Other (specify):   |   |                       |                                     |
| 4.   | ■ I have not agreed                           | d to share the above-disclose                                    | ed compensation with any other person   | unless they are mem   | bers and associates of my law firm. |
|      |   |  | ompensation with a person or persons v f the names of the people sharing in the   |                       |                                     |
| 5.   | In return for the abo                         | ve-disclosed fee, I have agree                                   | eed to render legal service for all aspect  | s of the bankruptcy c | ase, including:                     |
|      | b. Preparation and f                          | filing of any petition, schedu<br>f the debtor at the meeting of | nd rendering advice to the debtor in detailes, statement of affairs and plan which of creditors and confirmation hearing, ar        | may be required;      |                                     |
|      | Negotiation agreemen                          | ons with secured credito   | ors to reduce to market value; exe<br>needed; preparation and filing of I<br>goods.   |                       |                                     |
| 6.   | Represent                                     |  |   |                       | es (except in Chapter 13            |
|      |   |  | CERTIFICATION   |                       |                                     |
| this | I certify that the fore bankruptcy proceeding |  | ent of any agreement or arrangement for   | payment to me for re  | epresentation of the debtor(s) in   |
| _    | October 11, 2017                              |  | /s/ David M. Siege  | el                    |                                     |
| İ    | Date  |  | David M. Siegel Signature of Attorne  |                       |                                     |
|      |   |  | Signature of Attorne  David M. Siegel 8   |                       |                                     |
|      |   |  | 790 Chaddick Dri  | ve                    |                                     |
|      |   |  | Wheeling, IL 6009<br>(847) 520-8100   | 90                    |                                     |

Name of law firm

#### **Chapter 7 Bankruptcy Retainer Agreement**

This agreement acknowledges that the undersigned individual(s) [Client(s)] hereby retains and employs the Law Firm of DAVID M. SIEGEL & ASSOCIATES [Attorney] for representation in a Chapter 7 bankruptcy case. In consideration for services rendered and to be rendered, the Client agrees to pay Attorney as follows:

- a) A FLAT FEE as specified in paragraph H will be required to file a bankruptcy petition for the Client and for representation of the Client through discharge. The fee includes all required court costs and filing fees, as well as compensation for Attorney's time and labor. The fee is immediate compensation for the firm's commitment to perform future services; the fee is property of the firm and may be deposited in the firm's operating or business account.
- b) Representation shall begin upon execution of this agreement and tender of the initial payment, and will continue until the end of the case. The fee includes the preparation, review, and revision of the bankruptcy petition, communications with the Client, representation and appearance at the §341 Meeting of Creditors and §2004 examinations as necessary, communication with the bankruptcy and United States trustees, communication with creditors, review and completion of reaffirmation agreements, and court appearances.
- c) The fee **does not** include representation in any adversarial proceedings. The Client and Attorney may enter in to an additional agreement to provide for representation in an adversarial proceeding. In the event that the case is converted to another Chapter, there may be an additional fee.
- d) Additional Fees:
  - A fee of \$250.00 shall be added in the event that Client misses the scheduled §341 Meeting of Creditors.
  - A fee of \$100.00 shall be added to amend Schedules D, E, and F to include creditors who were not originally provided by the Client. The Client has the full responsibility to ensure that all creditors are listed.
  - A fee of \$25.00 shall be added for any non-sufficient/returned checks. Post-dated checks are not accepted and will be voided upon receipt.
  - A fee of \$820.00 shall be added to reopen a case and file the second credit counseling certificate if the Client fails to take the second credit counseling course and provide Attorney with the certificate in a timely fashion.
- e) The Client will be billed on any outstanding balance at the rate of \$100.00 every two weeks. Clients who fail to make payments as required will be assessed late fees in the amount of \$25.00 per billing period plus interest at the rate of 18% per year on any unpaid balance.
- f) No case shall be filed until all fees are paid in full.
- g) In the event that a Client pays the flat fee in full, and later elects to not proceed with the case, the Client is entitled to a refund of the court costs and filing fees only.

### **Important Bankruptcy Information**

#### **Debts that are Discharged**

The Chapter 7 discharge order eliminates a Client's legal obligation to pay a debt that is discharged. Most, but not all, types of debts are discharged if the debt existed on the date the bankruptcy case was filed. (If this case was begun under a different Chapter of the Bankruptcy Code and converted to a Chapter 7, the discharge applies to debts owed when the bankruptcy case was converted.)

#### Debts that are Not Discharged

Some of the common types of debts which are not discharged in a Chapter 7 bankruptcy case are:

- a) Debts for most taxes;
- b) Debts that are in the nature of alimony, maintenance, or support;
- c) Debts for student loans;
- d) Debts for most fines, penalties, forfeitures, or criminal restitution obligations;
- e) Debts for personal injuries or death caused by the Client's operation of a motor vehicle while intoxicated;
- f) Some debts that are not properly listed by the Client;
- g) Debts that the bankruptcy court specifically determines to be non-dischargeable;
- h) Debts for which the Client has given up the discharge protection by signing reaffirmation agreements in compliance with the Bankruptcy Code requirements for reaffirming debts.

| H. The FLAT FEE for representation in this matter will be \$ 1350.00 | 50-00 |
|--|-------|
|--|-------|

Client acknowledge that he or she has read this agreement in its entirety, understands it fully, has had an opportunity to ask questions regarding this agreement, is satisfied with it, and accepts it in its entirety.

| Date: 06 27 | 1/2017  | Signed:                   |
|-------------|---------|---------------------------|
| •           |         | Print: Ashma Ham, 1707    |
|             |         |                           |
| Date:       |         | Signed:                   |
|             |         | Print:                    |
|             |         |                           |
| Date: 6/20) | Signed: | orney for David M. Siegel |

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## **United States Bankruptcy Court** Northern District of Illinois

| In re | Ashina M. Hamilton                           | Debtor(s)   | Case No. Chapter 7   |                       |
|-------|--|---|----------------------|-----------------------|
|       | VER  | RIFICATION OF CREDITOR MA                                     | ATRIX                |                       |
|       |  | Number of C   | Creditors:           | 12                    |
|       | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credito                      | rs is true and corre | ect to the best of my |
| Date: | October 11, 2017                             | /s/ Ashina M. Hamilton Ashina M. Hamilton Signature of Debtor |                      |                       |

Cap One Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285

Capital 1 Bank Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130

Capital One Bank Usa 15000 Capital One Dr Richmond, VA 23238

Capital One Bank, N.A. PO Box 71083 Charlotte, NC 28272-1083

Chase Card Po Box 15298 Wilmington, DE 19850

Citi Attn: Bankruptcy Department PO Box 6241 Sioux Falls, SD 57717

Citi PO Box 6500 Sioux Falls, SD 57117-6500

Citibank NA PO Box 769006 San Antonio, TX 78245

Diagnostic Radiology 2033 Milwaukee Ave Suite 292 Riverwoods, IL 60015

Discover Financial Services PO Box 15316 Wilmington, DE 19850

Usaa Federal Savings B Po Box 47504 San Antonio, TX 78265

USAA Insurance P.O. Box 33490 San Antonio, TX 78265